

LINGUISTIC SERVICES

Effective Date: 11-07-2020

I. PURPOSE

The purpose is to define and provide guidance as to what is allowable for the for Linguistic Services Support category of service, in accordance with HRSA/HAB standards.

II. DEFINITION

Support for Linguistic Services including interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of Ryan White-eligible services.

III. PROGRAM GUIDANCE

Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

(See resource links: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. U.S. Department of Health and Human Services and the Office of Minority Health: www.ThinkCulturalHealth.hhs.gov, Alabama Licensure Board for Interpreter and Translators. www.albit.alabama.gov, and Alabama Institute for Deaf and Blind (AIDB), [https://www.aibd.org/](http://www.aibd.org/)

All service provision will comply with the Department of Health and Human Services (HHS) Guidelines and the Alabama Department of Health Public Health (ADPH) Service Standards for people living with HIV, including the following:

PERFORMANCE MEASURE

- Documentation that:
 - o Linguistic services are being provided as a component of HIV service delivery between the provider and the client, to facilitate communication between the client and provider and the delivery of Ryan White eligible services in both group and individual settings
 - o Services are provided by appropriately trained and qualified individuals holding appropriate State or local certification. Best practice includes certified medical interpreters to provide services for clinical focused services. Translators who are sufficiently trained provide services for non-medical services. Staff may provide services face to face and/or through the language line.
 - o Sign language Interpreters must be licensed by Alabama Licensure Board for Interpreters and Translators. (Agencies may establish an (MOU) with Alabama Institute for Deaf and Blind for this service).

See - Appendix A: HRSA/HAB National Monitoring Standards, and HRSA/HAB Core Performance Measures Portfolio and Core Measures links below. These sources provide supportive information for CQM program expectations for the recipient and provider subrecipients. HRSA HAB Core Performance Measures Portfolio: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

HRSA HAB Core Performance Measures link: <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf>

PROVIDER/SUBGRANTEE RESPONSIBILITY

Document the provision of linguistic services, including:

- Number and types of providers requesting and receiving services
- Number of assignments
- Languages involved
- Types of services provided – oral interpretation or written translation, and whether interpretation is for an individual client or a group

Note: Maintain documentation showing that interpreters and translators employed with Ryan White funds have appropriate training and hold relevant State and/or local certification

EXCEPTIONS AND EXCLUSIONS

Translation and Linguistic services (including oral, written, and sign language) must be given by a trained professional for any contact regarding Ryan White Part B as a whole.

Family members or friends of the client are not to be utilized for these services, as this could unknowingly be a barrier to proper care and treatment of underlying issues that the client does not want to tell the family member or friend.

**APPENDIX A: HIV/AIDS BUREAU, DIVISION OF STATE
HIV/AIDS PROGRAMS NATIONAL MONITORING STANDARDS
FOR RYAN WHITE PART B GRANTEES: PROGRAM – PART B**

Quality Management

National Monitoring Standards: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.

Standard	Measure
1.1) Measure and report client health outcomes using Linguistic Services measures approved by ADPH.	<p>1.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> • Percentage of persons living with HIV and receiving Linguistic Services, regardless of age, who will have at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). • Percentage of people enrolled in RW Part B-funded Program living with HIV and receiving Linguistic Services, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

HRSA HAB National Monitoring Standards link: <https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>